



**STATE OF NEVADA  
CONTROLLER'S OFFICE  
ADVANTAGE USER  
DELETION FORM**

**SECTION A**

Last Name <i>(Type or print legibly.)</i>		First Name	MI	Date
Title	Agency Number & Name		Supervisor	

**SECTION B**

☐ **Delete** — Reason for Deletion

Effective Date of Deletion

**SECTION C**

**Signature Authorization:**

I hereby authorize deletion of the above named individual as an ADVANTAGE user for this agency.

**Signature and Name of Agency Head**

Date

Phone Number

**SECTION D**

**CONTROLLER'S USE**

USER ID	Date	Security (SYS ADM)	
Comments		UNIX Sign-on (DP OPTR)	

Please submit the completed form to the system administrator in the Controller's Office.

Rev. 3/16/01